

WESTFIELD TOWNSHIP ZONING

APPLICATION FOR ZONING MAP AMENDMENT

Name of Applicant _____

Mailing Address _____

Phone Number _____ Business Number _____

Cell Phone Number _____ Fax Number _____

Name of Property Owner _____

Address of Property Owner _____

Property Owner Phone Number _____

_____ Fax Number _____

Address of Property to be Rezoned _____

Present Township Zoning District(s) of Property _____

Attach the Following:

1. Legal Description of the Property
2. Permanent Parcel Number (s) _____
3. Property Size in Acres _____
4. Map of Property from Medina County Tax Map Office
5. Map Showing Surrounding Parcels and Zoning Districts of those Parcels
6. List of Names and Addresses of Owners of all Properties within and contiguous to and directly across the street from the subject parcel(s) (available from Medina County Tax Map Office or online at www.highwayengineer.co.medina.oh.us)
7. If only a portion of the recorded parcel is being considered for rezoning, a map, drawn at 1"=100' scale must be submitted for the subject parcel. Such map must be prepared by a registered civil engineer, surveyor or other competent person showing exact dimension or portion of recorded parcel being considered for rezoning.

Does the lot conform to the existing zoning? _____

Does the current use conform to the existing zoning? _____

Are there any variances on the property? _____

Are there any conditional uses on the property? _____

Proposed Zoning _____

The property will be used for, and have the following buildings, parking and other improvements constructed:

Have there been any previous requests for rezoning of this property? _____

If yes, from _____ zoning district to _____ zoning district _____

Date of previous request _____ Granted or Denied? _____

What is the proposed use of this property in the Township Comprehensive Plan? _____

The existing zoning is unreasonable and deprives the owner of his lawful and reasonable use of the land because _____

The property has the following deed restrictions _____

The change will not be materially detrimental to the public welfare nor to the property of other persons located in the vicinity there of because _____

How will the proposed rezoning of this property benefit the community? _____

NOTE: Nine (9) copies of the application and supporting information are required.

The undersigned hereby states that the above information and attached documents are true and accurate to the best of my knowledge.

Applicant _____

Date _____